

RENEWAL APPLICATION

FOR LICENSING AS AN ASBESTOS CONSULTANT

Complete all sections of the application either by hand printing in ink or typing. Be sure to sign the completed application and include the application fee. Attach additional sheets as necessary.

1. APPLICANT:

Company Name: _____

Company Address: _____

Company Phone Number: _____ e-mail address _____

Previous License Number (if applicable): _____

Responsible Person: _____ Title: _____

Is the applicant licensed or certified as an asbestos consultant in another state? YES ☐ NO ☐

If YES, where: _____

License or Registration Number: _____

2. CONSULTANT CATEGORIES (check either A or B):

A) ☐ FULL conducting: (Can only perform activities checked and as submitted in SOP's)

☐ Monitoring

☐ Design

☐ Inspection

B) ☐ IN-HOUSE IDENTIFICATION & MANAGEMENT UNIT; to conduct asbestos associated activities on owner properties only

3. RENEWAL REQUIREMENTS:

A renewal application for an Asbestos Consultant license must meet the application requirements set forth below and submit attesting documentation:

- A. ☐ By signing this renewal application, the applicant hereby confirms that the information, submitted in our original application, is currently in effect and unchanged.
- or**
- ☐ Included with this renewal application are any changes to the information in our original application, including standard operating procedures.
- B. ☐ Included with this renewal application is a list of current employees including expiration dates of state certification and training certificates.

4. ENFORCEMENT ACTIONS:

Have there been any enforcement actions taken against the company with respect to asbestos abatement during the past year? YES ☐ NO ☐ If YES, provide detailed information on the enforcement action(s) and copies of all correspondence relating to the enforcement action. (**Note:** Notices of violation are considered enforcement actions.)

5. FEE:

The application must include a non-refundable cashiers, certified or company check in the amount of **\$250 dollars** made payable to the **Maine Environmental Protection Fund**.

6. SIGNATURE:

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED THE INFORMATION SUBMITTED IN THIS DOCUMENT AND ALL ATTACHMENTS THERETO AND THAT, BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE INFORMATION IS TRUE, ACCURATE, AND COMPLETE. I AM AWARE THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. I AM ALSO AWARE THAT ALL ASPECTS OF ASBESTOS ABATEMENT ACTIVITIES ARE SUBJECT TO INSPECTION AT ANY TIME BY THE MAINE DEPARTMENT OF ENVIRONMENTAL PROTECTION.

SIGNED: _____ DATE: _____

PRINTED: _____

RETURN TO: **Lead & Asbestos Hazard Prevention Program**
 Department of Environmental Protection (BRWM)
 17 State House Station
 Augusta, Maine 04333-0017
 (207) 287-2651

Renewal Asbestos Consultant

June 14, 2004